

Pre-Retirement Seminar Registration Form**Baltimore City
Commission on Aging and Retirement Education**

Name _____ Social Security # _____

Home Address _____

City _____ State _____ Zip Code _____

Work Telephone # _____ FAX# _____ Home # _____

Agency Name _____

Payroll Location & Number _____ Workshop Date _____

Work Address _____

Budget Account # _____

Employee's Signature _____

Supervisor's Signature _____

Spouse Enrollment ☐ Yes Name _____ ☐ Payment enclosed
☐ No

Please Note: If you fail to notify the CARE Personnel Office of your cancellation at least 48 hours prior to the class, your agency will still be charged for the registration fee.

Return to:**Pre-Retirement Seminar/Personnel Office
Commission on Aging and Retirement Education (CARE)
10 N. Calvert Street, Suite 300****CARE USE ONLY**

Date Registered _____

Cancellation Confirmation (Initial & Date) _____